

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION/RESIDENTIAL CARE CENTER
TREATMENT SERVICES ATTACHMENT(PA/RCCA)**

for continuing services

Instructions: Type or print clearly. Before completing this form, read the PA/RCCA Completion Instructions (HCF 11076C).

SECTION I – RECIPIENT INFORMATION

1. Name – Recipient (Last, First)	2. Date of Birth	3. Recipient Medicaid Identification Number
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SECTION II – PROVIDER INFORMATION

4. Name – Residential Care Center (RCC)	5. RCC Medicaid Provider Number
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SECTION III – CLINICAL INFORMATION

6. Attach evidence of a HealthCheck screen by a valid HealthCheck screener dated within one year prior to the first date of service requested.
7. Attach a copy of the in-depth assessment performed within 30 days of admission which has been timely reviewed and signed by a physician or other licensed mental health professional.
8. Attach a copy of the detailed narrative describing progress on the goals of earlier treatment plans, as well as a copy of the current treatment plan, dated within three months of the requested first date of service, which has been timely reviewed and signed by a physician or other licensed mental health professional. Indicate the expected schedule if the recipient is receiving intermittent services for stabilization at the RCC.

SECTION IV – SIGNATURE

9. SIGNATURE – Residential Care Center Clinical Supervisor	10. Date Signed
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